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Identifying and Addressing Health Disparities in your PBHCI Program


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What are health disparities?

“Population-specific differences in the presence of disease, health outcomes, or access to health care.”

- Health Resources and Services Administration



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Why care about health disparities?

- ☐ Disparities negatively affect the quality of life for affected populations
- ☐ Disparities cost money
- ☐ Addressing disparities may be a requirement of your PBHCI grant agreement
 - Impact statement
 - Implementation plan (including how to review data for health outcomes)
 - Policies and procedures that comply with CLAS standards

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It's easy to develop a PDSA cycle for tracking health and wellness interventions

- ☐ Plan
 - Identify needs of subsets in your population
 - Identify disparities in outcomes
- ☐ Do
 - Provide culturally sensitive interventions
- ☐ Study
 - Review outcomes after implementing new interventions
- ☐ Act
 - Use new data to determine next course of action

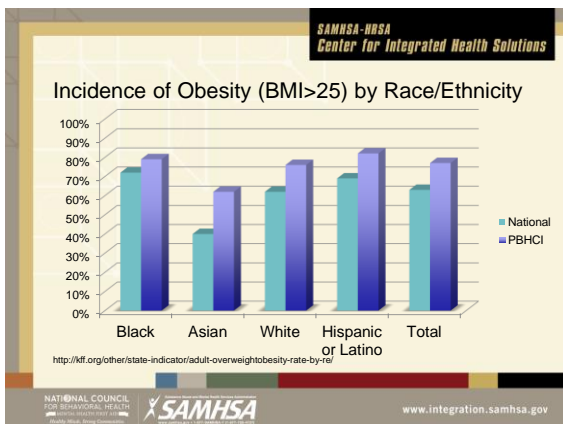
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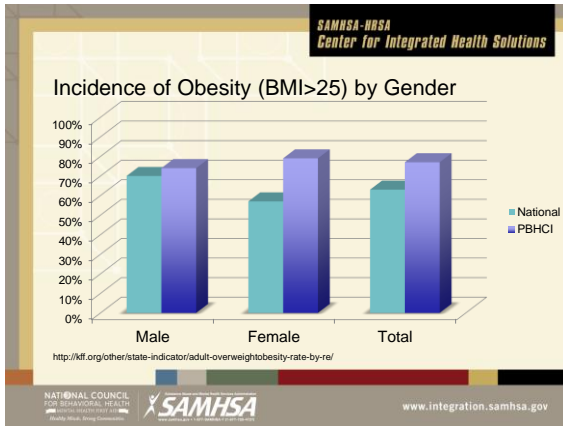
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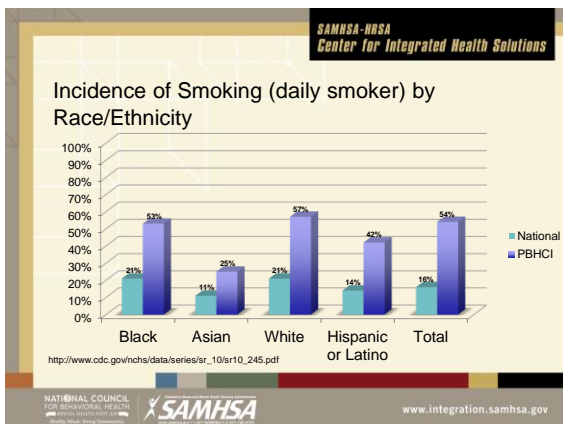
IDENTIFY NEEDS AND CURRENT OUTCOMES OF POPULATION SUBSETS

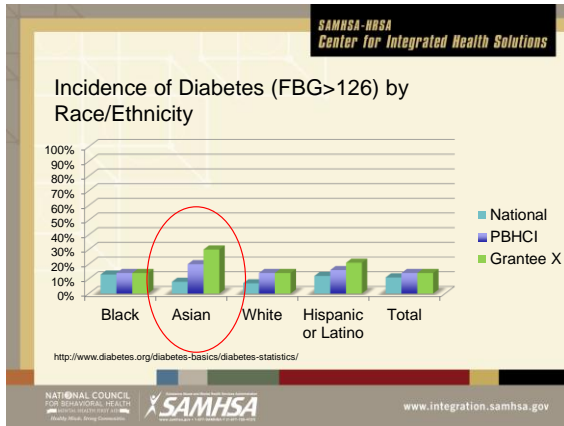
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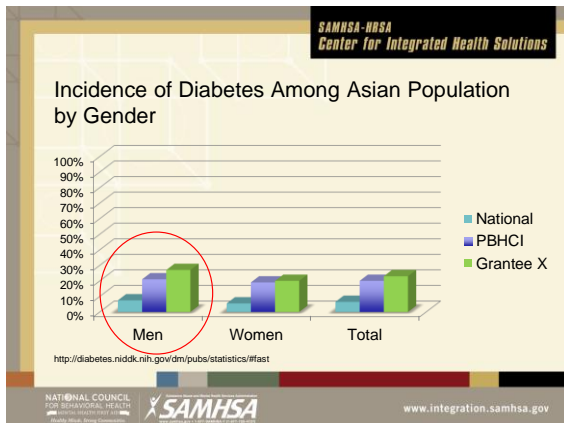


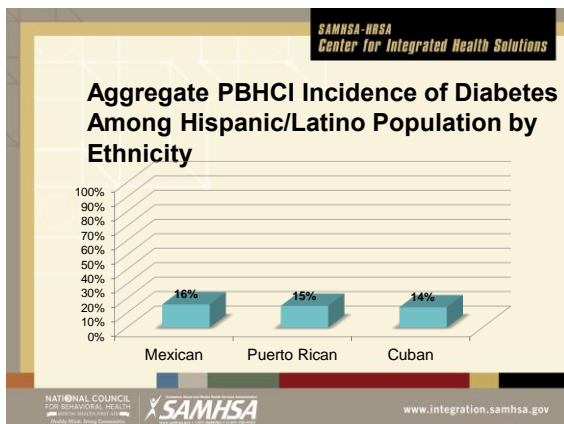












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You can obtain prevalence and outcomes data for your population from two sources:

- ☐ TRAC
- ☐ Patient Health Registry

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Select the *Services Outcome Measures (PBHCI only)* Report in TRAC

Services Outcome Measures Report (PBHCI only) ←

Services Notification Report ▶

Services Reassessment Interview Rate Report ▶

Services Number of Consumers Served by FFY Report ▶

Services Number of Consumers Served

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Select all relevant demographic filters

- ☐ Gender
 - ☒ Female
 - ☐ Male
- ☐ Ethnicity
 - ☐ Hispanic/Latino
 - ☒ Not Hispanic/Latino
- ☐ Race
 - ☐ African-American
 - ☒ Asian/Pacific Islander
 - ☐ White

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Race & Ethnicity in TRAC

- Ethnicity is only entered in TRAC if an individual identifies as Hispanic/Latino. Ethnicity categories are:
 - Central American
 - Cuban
 - Dominican
 - Mexican
 - Puerto Rican
 - South American
 - Other (specify)
 - Multi-Ethnic
- Race is entered for all consumers

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Observe prevalence and improvement data

Services Outcome Measures (PBHCI only)

Section H Indicator	Number of Valid Cases	At-risk at Baseline	At-risk at Second Interview	Outcome Improved
Blood Pressure - Systolic	360	32.5 %	33.9 %	17.8 %
Blood Pressure - Diastolic	360	21.9 %	22.8 %	11.7 %
Blood Pressure - Combined	360	38.9 %	39.4 %	18.9 %
BMI	349	63.6 %	61.3 %	53.6 %
Waist Circumference	248	67.7 %	62.5 %	52.8 %
Breath CO	200	7.5 %	10.5 %	5.0 %
Plasma Glucose (fasting)	75	38.7 %	38.7 %	41.3 %

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If you have a patient registry, does it track all relevant demographic information?

- ☐ Age
- ☐ Gender
- ☐ LGBT status
- ☐ Ethnicity
- ☐ Race
- ☐ Primary Language

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Remember to engage with your evaluation team early in the process

- Create an evaluation plan (including timeline)
- Who will collect data?
- How will you define success?

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PROVIDE CULTURALLY SENSITIVE INTERVENTIONS

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Find an intervention that is appropriate for your target audience

CADA 17 SEGUNDOS alguien en los Estados Unidos es diagnosticado con diabetes.

EL ÍNDICE DE LA DIABETES EN LOS LATINOS ES 1.5 VECES MÁS ALTO QUE EN LOS BLANCOS NO LATINOS.

Grupos	Porcentaje
Cubanos	7.6%
Mexicanos	13.3%
Puertorriqueños	13.6%

MITOS

- Los pacientes con diabetes necesitan tomar insulina.
- Los pacientes con diabetes no pueden hacer ejercicio.
- Quitar azúcar evitará complicaciones.

REALIDADES

- Los pacientes con diabetes se benefician de la misma alimentación que el resto de la población.
- Los pacientes con diabetes deben descansar y los tests de azúcar en sangre se deben hacer con frecuencia.
- La diabetes tipo 2 se puede controlar con cambios en el estilo de vida. Tener diabetes tipo 2 puede afectar la salud y la vida, pero con el apoyo adecuado se puede controlar.

Aprenda más sobre la diabetes tipo 2 en diabetes.org/programaipo2
1-800-DIABETES (342-2383)

American Diabetes Association

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Resources

- Integration.samhsa.gov
- [HHS Office of Minority Health](#)
- [CDC Office of Minority Health and Health Disparities](#)
- [National Institute on Minority Health and Health Disparities](#)
- Websites for specific health conditions (diabetes.org)
- [ACA guidance on collecting granular data](#)

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Also consider policy and system interventions

Examples:

- Healthy food options offered to clients / in vending machines
- Referral system in place to community-based resources that focus on population subset
- Staffing

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REVIEW OUTCOMES AFTER IMPLEMENTING NEW INTERVENTIONS

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"Hello, evaluator? Have our outcomes improved?"



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ACT

**USE NEW DATA TO
DETERMINE NEXT COURSE
OF ACTION**

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How to Act

- ☐ Meet as a team to review the data.
- ☐ If the new intervention provided improved health outcomes, you might not want to make a change
- ☐ If the new intervention did not improve health outcomes, consider new interventions

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A presentation slide titled "Upcoming TA Opportunities". At the top right, a black box contains the text "SAMHSA-HRSA Center for Integrated Health Solutions" in white. The main title "Upcoming TA Opportunities" is in a large, bold, black font. Below it, the subtitle "Health Disparities Small Working Groups" is in a smaller, bold, black font. A bulleted list follows, showing four dates: "Wednesday, March 26", "Wednesday, May 28", "Wednesday, July 23", and "Wednesday, September 24". At the bottom, there is a horizontal bar with five colored segments (blue, grey, green, red, yellow) and a logo for the National Council for Behavioral Health. The SAMHSA logo is also present, along with the website "www.integration.samhsa.gov".
